						+	. 4	<u> </u>	1to 17	(10)	- 20	21-18
PATENT APPLICATION FEE DETERMINATION RECO									Applicati	on or	Docket N	umber
	PAICIN	JKU		1070	993	55						
CLAIMS AS FILED - PART I							SA	MALL	ENTITY			R THAN
	(Column 1) (Column 2)							PE		OF		L ENTITY
TOTAL CLAIMS				21				RATE	FEE		RATE	FEE
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		ASIC FE	E 385.0	0 OF	BASIC FE	E 770.00
TOTAL CHARGEABLE CLAIMS			21	2 ( minus 20=		•		XS 9=		OF	X\$18=	k7
INDEPENDENT CLAIMS			Q	minus 3 =		5		X43=			Voc	1
М	JLTIPLE DEPE	NDENT CLAIM	PRESENT		•	. 🗆	-		-	OF		1450
* If the difference in column 1 is less than zero, enter "0" in column 2								145=		OR		10010
								OTAL	L	OR	•	7 7 7 0
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL	7	RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID F	OR	=		· · · ·	FEE		V6.0	FEE
	Independent	*	Minus	www	<u>.</u>	=		\$ 9= <del></del>		OR	X\$18=	
	FIRST PRES	ENTATION OF M	L ULTIPLE D	EPENDENT (	CLAIM		×	43=		OR	X86=	ļ
							+1	145=		OR	+290=	
						•		TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Columi		(Column 3)	<del>)</del>			•		<u> </u>
AMENDMENT B		REMAINING AFTER AMENDMENT	•	NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Independent	*	Minus	***	<del></del>	=	X	13=	•	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								45= OTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								r fee L			VDDIT. FEE	·
	`	CLAIMS		(Column	Τ	(Column 3)	<u> </u>		ADDI-	Г		ADDI
		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	••		=	X\$	9=		OR	X\$18=	
	ndependent	*	Minus	***		=	X4:	3=		ŀ	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
e If t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
* If (	he "Highest Nun	nber Previously Pai nber Previously Pai	d For IN THI	S SPACE is le	ss than	20, enter *20.*	ADDIT.	FEE _		ORA	TOTAL DDIT. FEE	
Tr	e "Highest Num	ber Previously Paid	For (Total o	r Independent)	is the h	ighest number fo	ound in t	he appro	opriate box	in colur	mn 1.	
IM P	TO-875 (Rev. 10/	72)							nk Office U.S			